MICHIGAN DEPARTMENT OF STAT BUREAU OF ELECTIONS



Seg # 200/115002 25



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 00 136951- 50	
2. Type of Filing a. Doriginal OR b. Amendment to Item(s)# c. Date Change(s) Took Place 44/25/01	
Full Name Of Committee (must include candidate's first and last name)	
WARREN ANGEL Grace Stidham	
4. Candidate Last Name Stidham First Name Grace M.I.	
4a. County of Residence <u>BMacomb</u>	4b. Political Party (If applicable)
4c. Driver License # (Optional)	
4d. Office Sought: (Check one) MAYOR	
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court ☐ Supreme Court Justice ☐ Circuit Court	
4e. District # or Jurisdiction	☐ Local or Other (Please Specify
5. Date Committee Was Formed 4 25 6 (Mo/Day/Yr)	6. Committee Area Code and Phone Number (810) 759-2571
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box) 7061 Hupp
WARREN, MI 48091	WARREN, MI 48091
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) Grace Stidham 7061 Hupp Warren, m, 48091 Area Code and Phone Driver License # (Optional) (8/0)759-25	9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. 7/Area Code and Phone Driver License # (Optional)
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
 Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association) 	ittee funds. 12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: Credit Union One 11b. Secondary Depository: Fundale	☐ Check if this committee intends to seek
11b. Secondary Depository: Fundale	qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Treasurer Grace Stidham / Grace Stidham / Gignatu Candidate Grace Stidham / Grace Stidham / Gignatu Type or Print Name Signatu	Strelham Date $4/25/6/$ Irre Mo. Day Year Date $4/25/6/$ Irre Mo. Day Year